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ABSTRACT

This executive summary of a 1979 household survey of 1,033 Texas families with children under six years of age updates previous (1973) findings. Of the households surveyed, 50% reported an annual income of less than $14,500. A single parent, usually a woman, headed 15% of these households. Most of the parents worked; 98.5% of the fathers and 40.6% of the mothers worked for wages. Because of this, 38% of the children surveyed received regular care from someone other than a parent. The less the parents earned the more they paid, proportionately, for the child care that allowed them to work. With few exceptions, the surveyed children ate breakfast regularly, were not exposed to excessive television, and could expect to be physically punished if they were physically abusive to another child. The higher a household's income and the greater the level of the parent's education, the more likely a child was to have received medical care. Almost all respondents believed the government should be concerned with the well-being of young children, and more than half believed the government was meeting its obligations in this area. Almost one-third thought government could improve services in the areas of health care or financial assistance. No attempt has been made by the author to draw conclusions based on these findings. (Author/RH)

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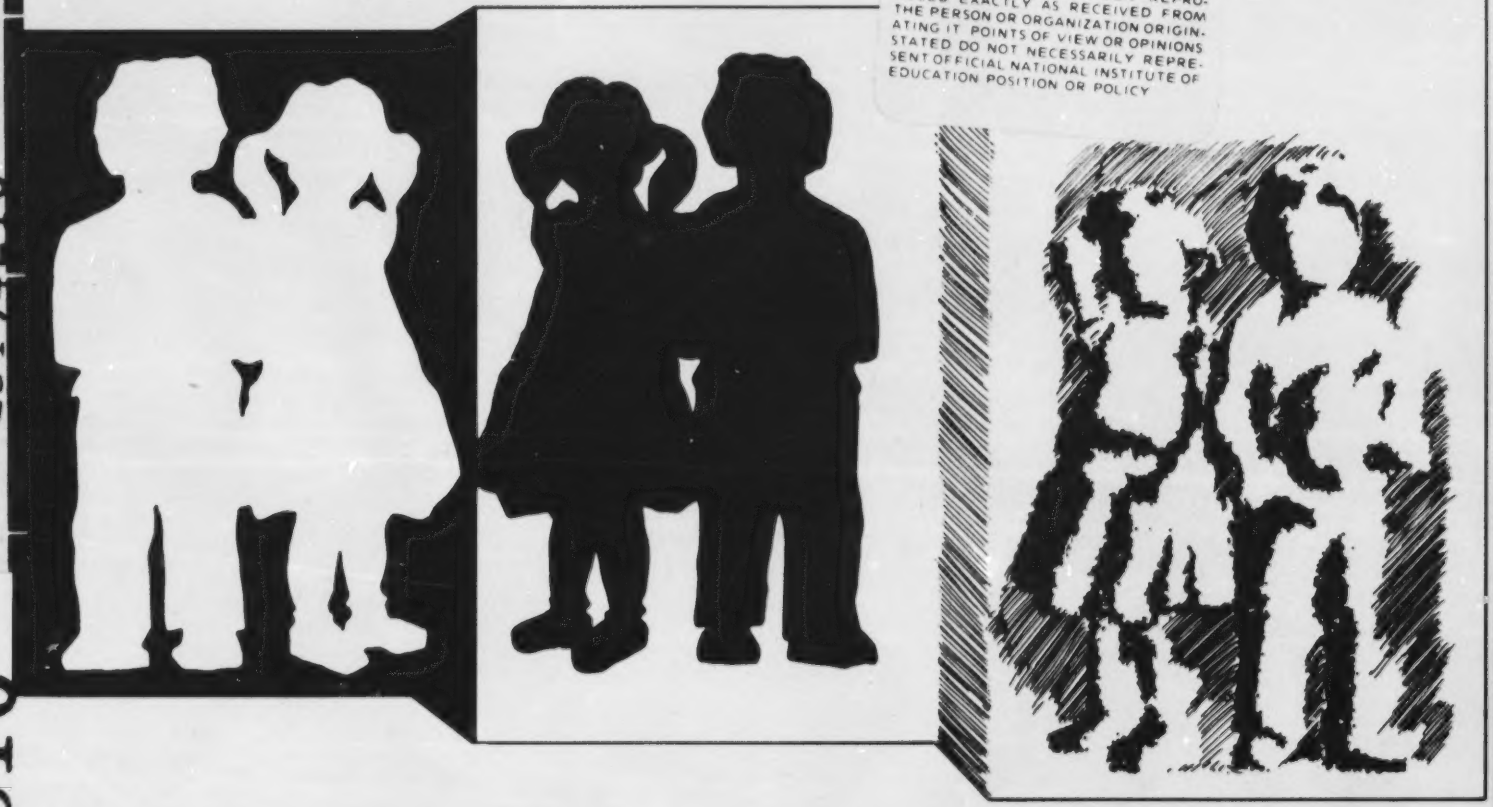

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Realities of Texas Families: where children fit

The executive summary of the Texas household survey of families with children under six.

With special thanks to each of the 1,033 households who helped in the collection of this information, we dedicate this report to the better understanding of the children and families of Texas

Contents

Introduction i
Who Are the Families? 1
Who Cares for the Children? 7
What Are Their Home Environments? 13
What Health Care Do They Receive? 19
Can the Government Help? How? 27
Notes 31
Questionnaire 33

Introduction

Children have long been considered the sole responsibility of their parents. While few would argue with the idea that parents should be the primary individuals in their children's lives, society has been doing little to provide families with the support they need to rear healthy, well-adjusted children.

The formation of public policies that can translate the needs of children and their families into affirmative actions require adequate data on the actual circumstances of these people -- data on the realities of the family. Some data are available: the census, the number of births, the number of young children receiving special services for handicaps, and so forth.

Census data provide information that is useful in comparing Texas to the nation in general, but they are not refined enough to reflect the conditions that actually prevail nor exact enough for policy development. The other data can describe specific facts about families but not the internal family environment that is essential for applying the knowledge gained.

To help delineate the environment in which children live, the Texas Department of Community Affairs (TDCA) in 1973 commissioned a survey of 1,000 households in Texas with children under the age of six. The data collected from that study (summarized in the publication *Texas' Youngest Children)* greatly assisted the state in considering new policy options for children and their families.

Texas, however, has undergone major changes since 1973. As other states are losing population, Texas continues to grow. With the increase in families with children moving into the Sunbelt, Texas has become the residence of almost 11% of the U.S. population under the age of 18.

Now new policies are needed. To obtain the updated information needed to formulate adequate child and family policies for the Texas of the 1980's, TDCA's Children and Youth Services Division in 1979 commissioned a new survey of households with children under six years of age.

The Children and Youth Services Division sought information about the youngest citizens of Texas and their families:

Who are the families?
Who cares for the children?
What are their home environments? What health care do they receive?
Can the government help? How?

To update the earlier survey and to answer these questions, the Division contracted with two organization: Belden Associates, which was responsible for designing the survey and collecting the data; and The University of Texas at Arlington, Institute of Urban Studies, which was responsible for data processing and analysis. Over a four-month period in the late spring and early summer of 1979, Belden Associates conducted door-to-door surveys in 38 counties, interviewing 1,033 households with children five years of age and younger. During the late summer and early fall of that year, the Institute of Urban Studies examined the resulting information.

To select the households, the state was first divided into seven regions (Illustration 1). In each region, the counties were stratified by population -metropolitan or nonmetropolitan. Within each region and each population group, counties were randomly selected.

Illustration 1.

Seven Major Areas of Texas

PANHANDLE
and South Plains

Counties:		
Armstrong	Garza	Oldham
Bailey	Gray	Parmer
Borden	Hale	Potter
Briscoe	Hall	Randall
Carson	Hansford	Roberts
Castro	Hardeman	Scurry
Childress	Hartley	Sherman
Cochran	Haskell	Stonewall
Collingsworth	Hemphill	Swisher
Cottle	Hockley	Terry
Crosby	Hutchinson	Wheeler
Dallam	Kent	Yoakum
Dawson	King	
Deaf Smith	Knox	Principal Cities:
Dickens	Lamb	Amarillo
Donley	Lipscomb	Lubbock
Fisher	Lubbock	
Floyd	Lynn	
Foard	Moore	
Gaines	Motley	
	Ochiltree	

CENTRAL

Counties:		
Bastrop	Johnson	
Bell	Lampasas	
Blanco	Lee	
Bosque	Limestone	
Brazos	Llano	
Burleson	McLennan	
Burnet	Milam	
Caldwell	Mills	
Comal	Robertson	
Comanche	San Saba	
Coryell	Somervell	
Erath	Travis	
Falls	Washington	
Hamilton	Williamson	
Hays	Principal Cities:	
Hill	Austin	
Hood	Waco	

NORTH

Counties:			Principal Cities:
Archer	Fannin	Stephens	Dallas
Baylor	Grayson	Tarrant	Fort Worth
Clay	Hunt	Throckmorton	Wichita Falls
Collin	Jack	Wichita	
Cooke	Montague	Wilbarger	
Dallas	Palo Pinto	Wise	
Denton	Parker	Young	
	Rockwall		

WEST

Counties:		
Andrews	Midland	
Bandera	Mitchell	
Brewster	Nolan	
Brown	Pecos	
Callahan	Presidio	
Coke	Reagan	
Coleman	Real	
Concho	Reeves	
Crane	Runnels	
Crockett	Schleicher	
Culberson	Shackelford	
Eastland	Sterling	
Ector	Sutton	
Edwards	Taylor	
El Paso	Terrell	
Gillespie	Tom Green	
Glasscock	Upton	
Howard	Val Verde	
Hudspeth	Ward	
Irion	Winkler	
Jeff Davis	Principal Cities:	
Jones	Abilene	
Kendall	El Paso	
Kerr	Midland	
Kimble	Odessa	
Loving	San Angelo	
McCulloch		
Martin		
Mason		
Menard		

EAST

Counties:		
Anderson	Newton	
Angelina	Orange	
Bowie	Panola	
Camp	Polk	
Cass	Raines	
Chambers	Red River	
Cherokee	Rusk	
Delta	Sabine	
Ellis	San Augustine	
Franklin	San Jacinto	
Freestone	Shelby	
Gregg	Smith	
Grimes	Titus	
Hardin	Trinity	
Harrison	Tyler	
Henderson	Upshur	
Hopkins	Van Zandt	
Houston	Walker	
Jasper	Wood	
Jefferson	Principal Cities:	
Kaufman	Beaumont	
Lamar	Port Arthur	
Leon	Tyler	
Liberty		
Madison		
Marion		
Montgomery		
Morris		
Nacogdoches		
Navarro		

SOUTHWEST
and Rio Grande Valley

Counties:			
Atascosa	Hidalgo	Wilson	
Bee	Jim Hogg	Zapata	
Bexar	Jim Wells	Zavala	
Brooks	Karnes		
Cameron	Kenedy	Principal Cities:	
Dimmit	Kinney	Corpus Christi	
Duval	Kleberg	Laredo	
Frio	La Salle	San Antonio	
Maverick	Live Oak	Brownsville-Harlingen-	
Medina	McMullen	McAllen	
Nueces	Starr		
San Patricio	Uvalde		
Guadalupe	Webb		
	Willacy		

SOUTH

Counties:		
Aransas	Harris	
Austin	Jackson	
Brazoria	Lavaca	
Calhoun	Matagorda	
Colorado	Refugio	
De Witt	Victoria	
Fayette	Waller	
Fort Bend	Wharton	
Galveston	Principal Cities:	
Goliad	Galveston	
Gonzales	Houston	

For each selected county, geographic starting points also were randomly selected, and interviewing began at these points. Only those households which had children under the age of six and which agreed to be interviewed were asked the 23 pages of questions. This book is a summary of the findings.

All results are reported in percentages. At the 95% level of confidence, results are accurate within two to four percentage points, plus or minus, for the total sample, and within seven to twelve percentage points, plus or minus, for the various subgroups. Therefore, though the survey examines only a fraction of all households in Texas with children under the age of six, there is a 95% chance that the range of results reflects the percentages that would be obtained by interviewing all households in Texas with children under six.

Not all statistical relationships are reported here. Although the intent was to include those relationships most important to public policy, this does not preclude the possibility of other statistically meaningful relationships. Other possible leads to causual relationships can be found in the correlations between the values of variables. For example, incomes and single-parent households were examined, and a tendency for single-parent households to have lower incomes was identified. However, most single-parent households were female headed and many were Black; the possibility exists, therefore, that the level of income might be more related to sex and/or race than to family structure.

The summary of the household survey offers no conclusions, makes no determinations. Rather, in presenting the findings from interviews with 1,033 households throughout Texas, we invite you -- the elected, the professional, the advocate, the parent--to develop those judgments.

Numbers embedded in shaded circles refer to national statistics which appear in Notes, beginning on page 31.

Who are the families?

2

The average Texas household, according to the survey, has 4.1 members: two parents and 1.38 children five years of age or younger. The household is Anglo and lives in a single-unit house in a metropolitan county. The father is a craftsman, the mother not employed. However, if the mother works outside the home, she is probably a clerical worker.

But an average reflects only a mid-point and does not give a true demographic picture. The following is a summary of the data obtained.

The majority of the households surveyed, 54.9%, was Anglo. Mexican Americans made up the second largest group, 26.9% of all households. Blacks accounted for 16.2%, with the remaining 2% others -- Chinese, native Americans, and so forth (Illustration 2). The distribution of the children under six closely reflected the distribution of households: 53.6% of the children were Anglo. 27.4% Mexican American, 16.8% Black, and 2.2% other.

Over half the sample, 52.8%, lived in the metropolitan counties of Bexar, Dallas, El Paso, Galveston, Harris, Tarrant, and Travis. Anglos were slightly more concentrated in nonmetropolitan areas than were other ethnic groups. Mexican American respondents were almost equally divided between these two areas. Anglos predominated in the Central region and were less represented in the Southwest region. Mexican Americans were concentrated in the Southwest region and Blacks in the East.

The 1,033 households surveyed included 1,426 children five years old and younger, with the following breakdown by ages:

Less than one year old	18.1%
One year old	14.0
Two years old	16.7
Three years old	17.5
Four years old	16.6
Five years old	17.1

1

More than 60% of the households had only one child under the age of six; 29% had two children under six; 5% had three; and 1% had three or more children five years or younger (Illustration 3).

Black and Mexican American respondents reported lower incomes than did Anglos (Illustration 4). More than two-fifths of the Anglos reported earnings of $19,500 or more, while slightly less than 14% of the Mexican Americans and 18% of the Blacks were in this income category. At the other end of the spectrum almost 25% of the Black households and almost 50% of the Mexican American households surveyed earned less than $10,000 compared to only 15.9% of the Anglo households.

4

Illustration 2.

Ethnic Distribution of Households Responding

2

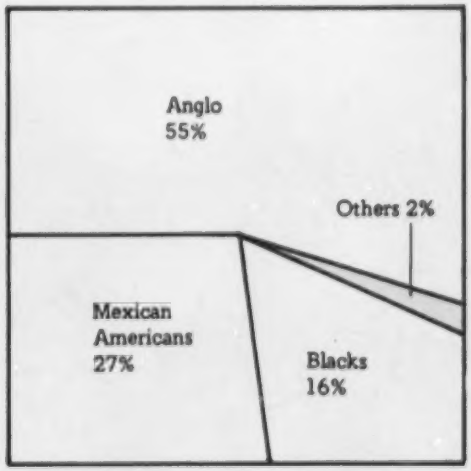
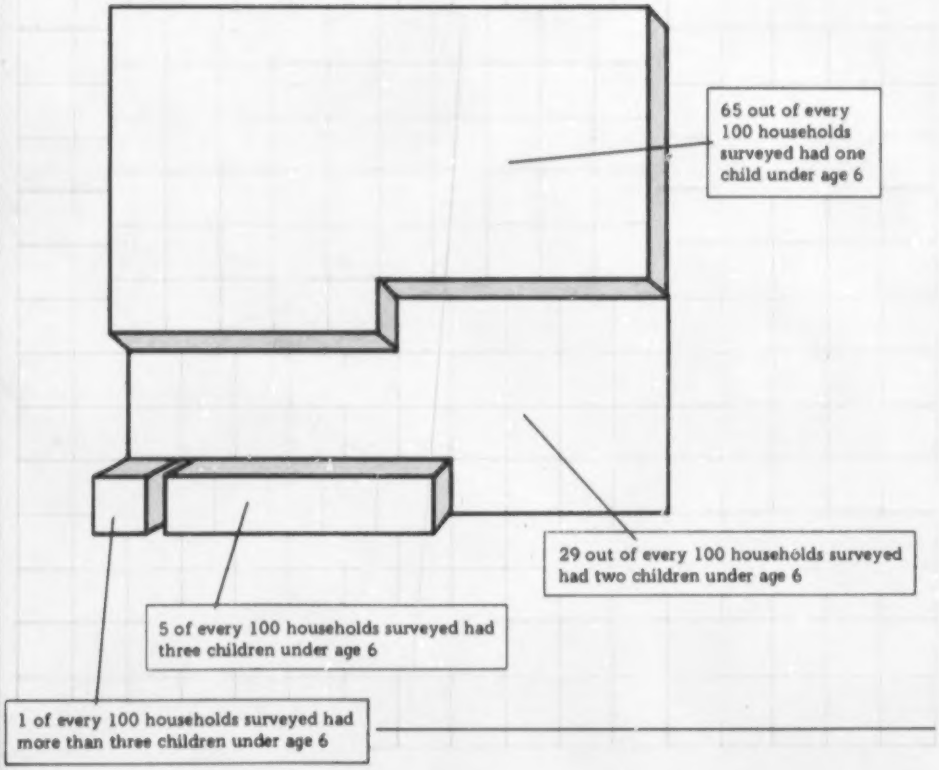


Illustration 3.

Distribution of the Number of Children Under Six Years of Age by Household


65 out of every 100 households surveyed had one child under age 6
29 out of every 100 households surveyed had two children under age 6
5 of every 100 households surveyed had three children under age 6
1 of every 100 households surveyed had more than three children under age 6

Similarly, the data on the male head of household's occupation were biased: Anglos dominated in the professional positions but not as greatly as in the income categories. Still, one-fifth of all Anglo males held professional jobs while less than one-tenth of either Blacks or Mexican Americans held similar jobs.

Black and Mexican Americans tended to live in larger households than did Anglos. Twenty-six percent of the Black and 28.6% of the Mexican American households with children under six reported six to ten household members. Less than 10% of the Anglo households surveyed were as large. Almost one-third of the Anglo households were made up of three people in contrast to only one-fifth of the Black and Mexican American households.

The majority of children under six, 84.3%, lived in households where a mother (or stepmother) and a father (or stepfather) were both present (Illustration 5). In 15.7%, however, one was absent. More than 15% of all households were female-headed, but only .3% were male-headed with no mother or stepmother.

4

Black families accounted for the largest percentage of single-parent households. Whereas Black households comprised 16.2% of the entire sample, they accounted for 43% of the one-parent households. Mexican Americans represented about 25% of the sample and about an equal percentage of the single-parent households, while Anglos, who formed more than 50% of the entire sample, accounted for only 28.4% of the single-parent households. There were no significant differences in family structure related to any of the regional or the metropolitan/nonmetropolitan divisions of the state: single-parent households were everywhere.

Not surprisingly, single-parent households earned less money than did two-parent households (Illustration 6). More than 70% of the single-parent households reported incomes of less than $10,000, compared to 24% for two-parent households. In contrast, over 34% of the two-parent households had incomes of $19,501 and above, while only nine percent of the single-parent households were as affluent.

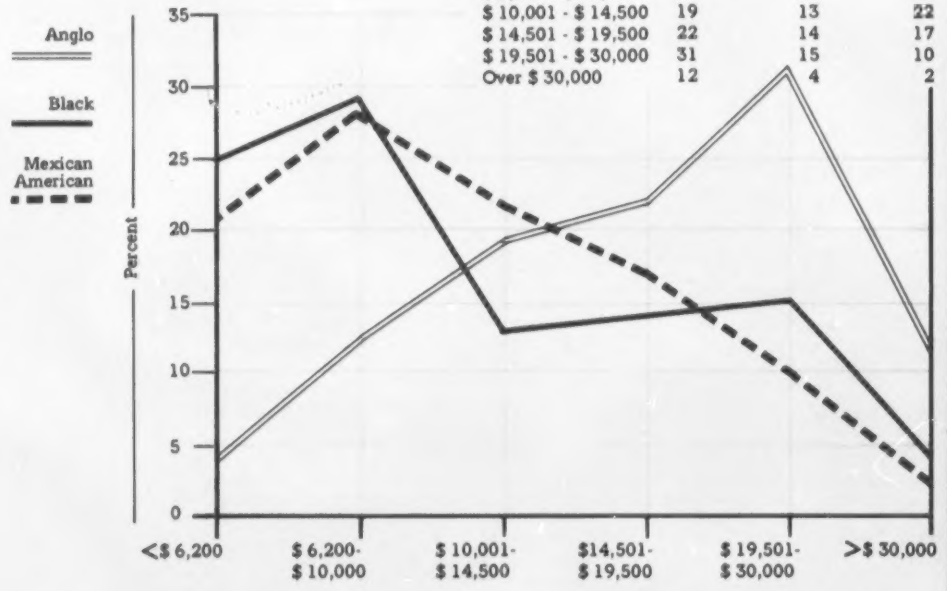
6

No significant differences appeared in the number of children aged five and below in single- and two-parent households. However, in considering the total number of people in the household, single-parent households were more represented in the categories involving six or more members. Almost 30% of the single-parent households had six to nine members, while only 16.5% of the entire sample had as many members.

Illustration 4.

Distribution of Household Income by Ethnic Groups

INCOME	Anglo	Black	Mexican American
Below $ 6,200	4%	25%	21%
$ 6,200 - $ 10,000	12	29	28
$ 10,001 - $ 14,500	19	13	22
$ 14,501 - $ 19,500	22	14	17
$ 19,501 - $ 30,000	31	15	10
Over $ 30,000	12	4	2

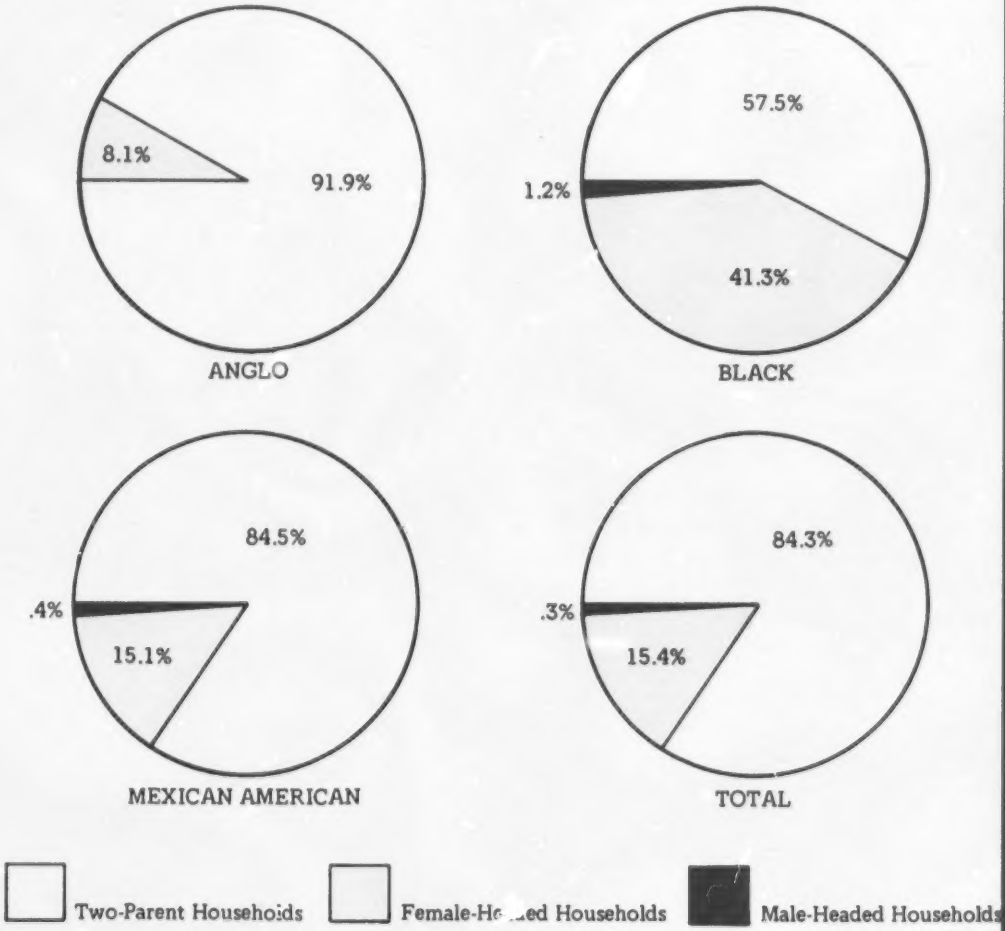


In single-parent households, grandparents were more likely to be present: in more than 45% of the single-parent households, one grandparent was present, and in 17.3% there were at least two. In two-parent families, nearly 95% had no grandparents present. This provides some indication of an extended family network in one-parent households, and could mean the presence of a male or a female figure a child might otherwise lack. Further, the grandparent was a potential caregiver for a working parent.

Most of the single parents were mothers. Only three households, or 1.9%, were headed by a male with no mother or stepmother. Of the single-parent households, 98.1% (159) were female-headed with no father or stepfather. Of these single-parent mothers, more than 40% did not graduate from high school and only 3.8% were college graduates, as compared to over 10% of the mothers in two-parent households who had graduated from college and 31.7% who did not have high school diplomas. Of the single-parent mothers, 57.2% worked for wages, while 39.6% of the two-parent mothers did so.

Illustration 5.

Structure of Households by Ethnic Group



6

Single-parent mothers, for the most part, became mothers at an earlier age than did mothers living in two-parent households. At the birth of their first child, 30.6% of the single-parent mothers were less than 18 years old and more than half were still teens, while only 13.9% of the mothers in two-parent households were under 18 and less than a third were teenagers.

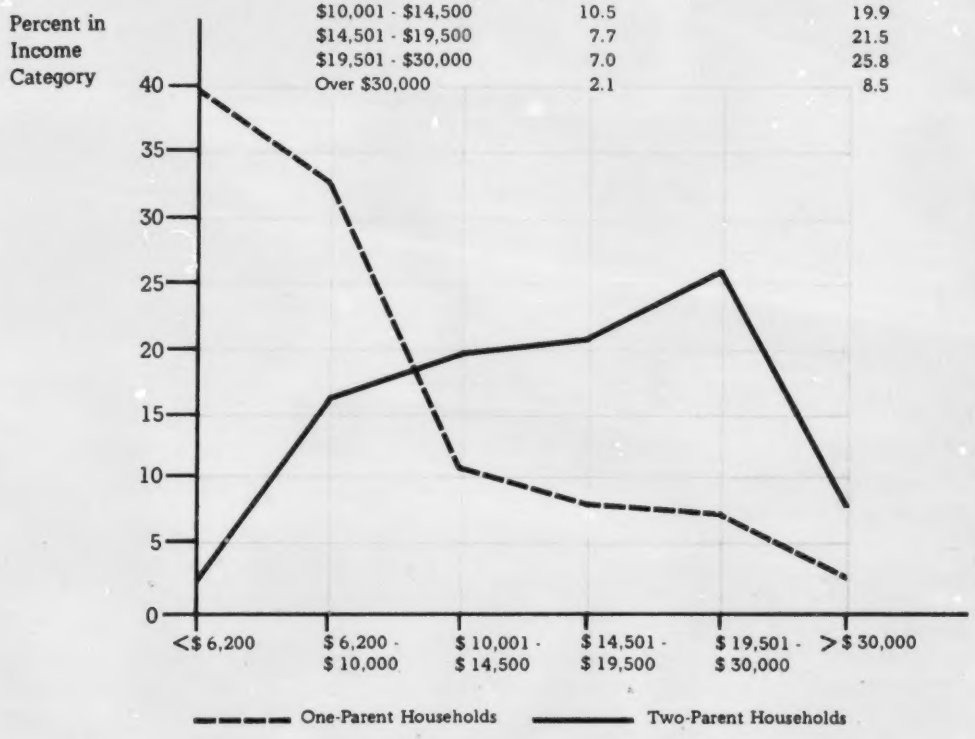
Summary

The reality of 50% of the households surveyed is an annual income of less than $14,500 in a time of increasing costs and unemployment. The reality for 15% of these households is a single-parent head, usually a woman who is less educated and less paid and who became a parent at an earlier age than her two-parent counterpart.

Illustration 6.

Distribution of Households by Income and Family Structure

INCOME	One-Parent Households	Two-Parent Households
Below $6,200	39.9%	7.6%
$6,200 - $10,000	32.9	16.6
$10,001 - $14,500	10.5	19.9
$14,501 - $19,500	7.7	21.5
$19,501 - $30,000	7.0	25.8
Over $30,000	2.1	8.5



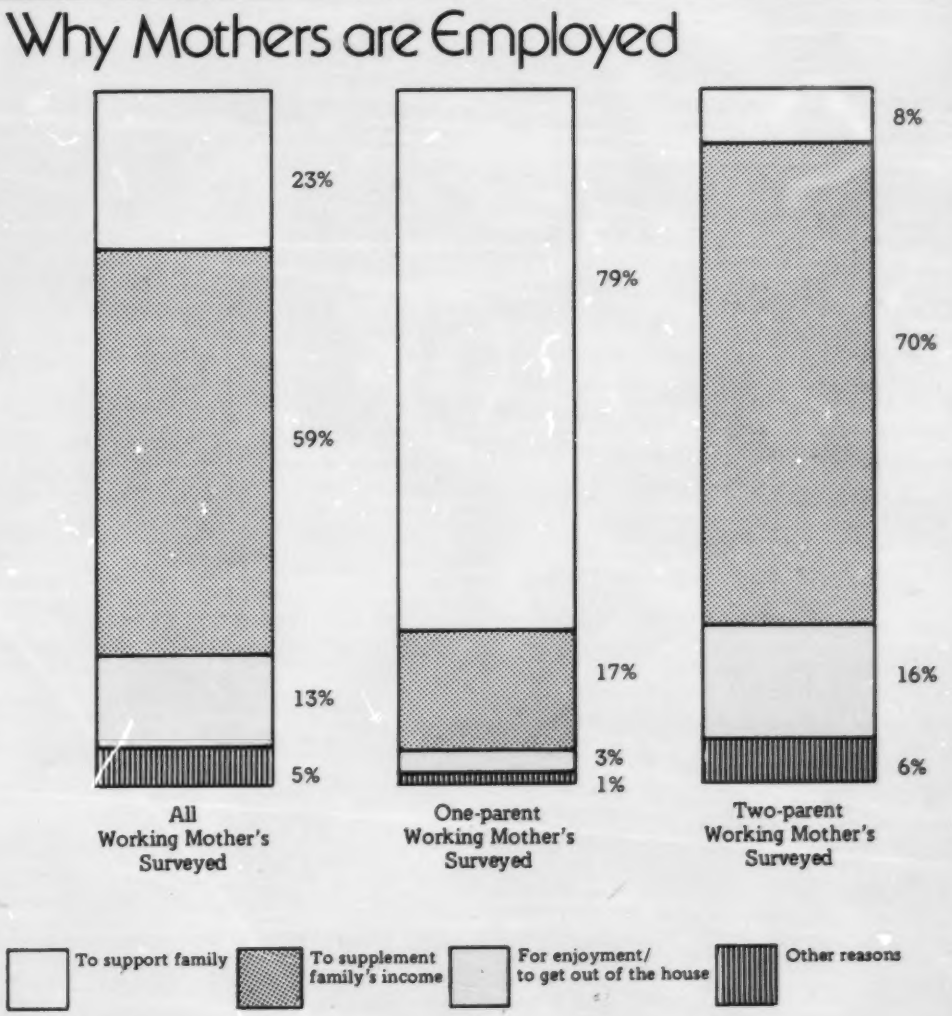
Who cares for the children?

As single-parent households increase and as more women enter the work force, return to school, or seek roles in society outside the home, the need increases for alternatives to mother-based child care. The changing role of women is a result of numerous factors -- divorce, economics, etc. Regardless of the reasons, the changes have serious implications for child care and the quality of life for young children.

For example, respondents to the 1973 survey indicated that 33% of the children in the households surveyed were receiving child care from someone other than a parent, while 38.6% of the children in the 1979 survey were cited in this category.

In answer to the question of why their youngest or only child under six was receiving child care by someone other than the parents, the overwhelming majority, 72%, stated that it enabled the mother to work. Other answers included a concern with preschool education (11%), allowing the mother free time (6%), and giving the child a chance for social interaction (5%).

Illustration 7.



Mothers who worked for wages did so, in most cases, to support or to help support their families. However, over 12% said they worked primarily because they enjoyed it or enjoyed getting out of the home (Illustration 7).

A review of parental employment indicated that the large majority of fathers and almost one-third of the mothers are employed full time.

Employment Status	Mother	Father
Full time	30.8%	95.6%
Part time	9.8	2.9
Not employed	59.4	1.5

Among mothers who did not work outside the home, 69% said they stayed home to care for their young children (Illustration 8).

Who cares for the children who do not have a parent at home during the day? These children were in 42% of all households surveyed and averaged 40 hours a week in nonparental care. (Parents may have failed to include meal time or their own transportation time in the responses to this question, meaning that these estimates could be lower than actual time spent in child care situations.)

Relatives provide more child care than any other nonparental group. Of children in child care, 33% were taken care of by relatives: 19.1% in the home of a relative and 14.5% in their own homes by a relative. Care in a family day home (that is, the home of someone other than a relative, such as a neighbor) was the next most common form of child care.

Home of relative	19.1%
Child's home by relative	14.5
Family day home	14.0
Day care	12.9
Nursery school	12.4
Kindergarten	8.8
Child's home by nonrelative	5.4
Head Start	1.4
First grade	.7
Other	10.8
	100.0%

Parents who used child care arrangements were asked to rate their levels of confidence in the arrangements they primarily used. A substantial majority expressed the highest level of confidence in their arrangements. The low number of complaints and the high level of confidence indicated that

Illustration 8.

Why Mothers are not Employed

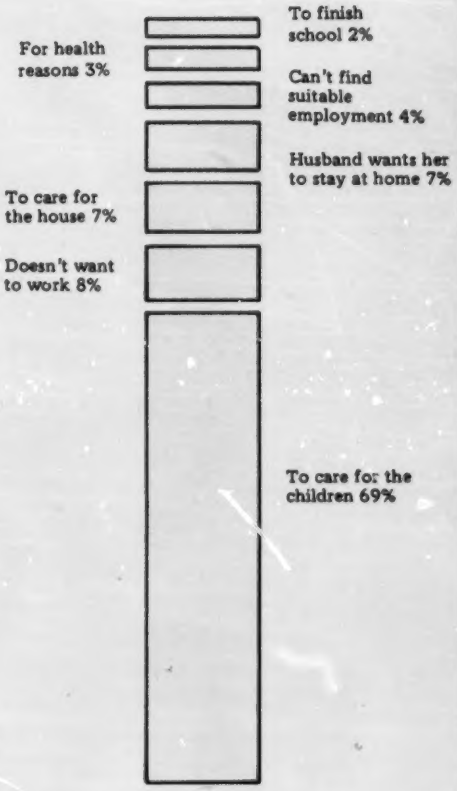
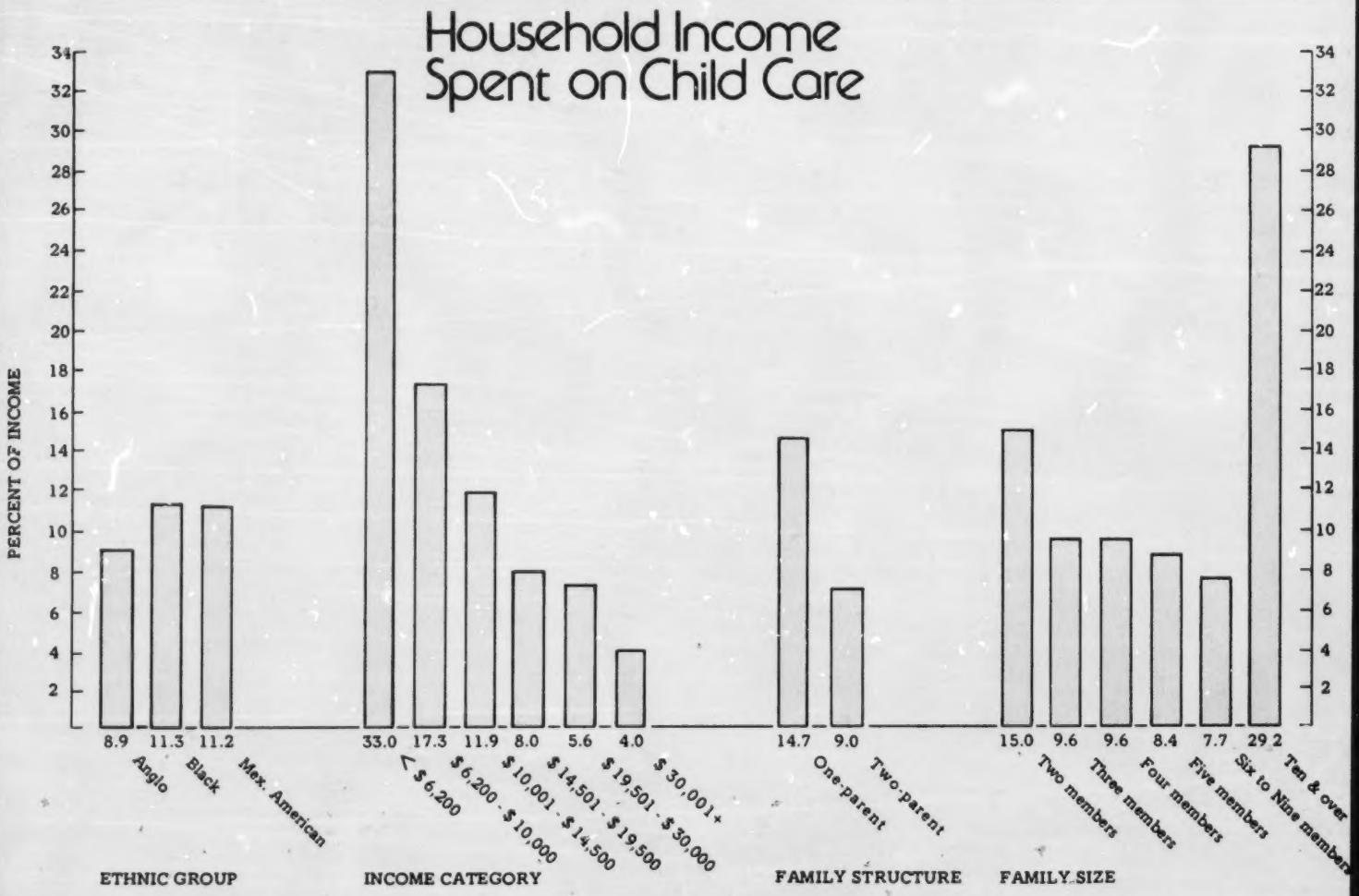

For health reasons 3%
To finish school 2%
Can't find suitable employment 4%
Husband wants her to stay at home 7%
To care for the house 7%
Doesn't want to work 8%
To care for the children 69%

Illustration 9.



most were able to use the form of child care they preferred.

In households which paid for child care, no differences in average costs were identified. However, differences became evident when figured as a percentage of the household income: the percentage of income paid for child care decreased as income increased (Illustration 9). Therefore, Anglos, who as a group had the largest income, paid a lower percentage than other groups for child care; and single-parent families paid a higher percentage of income for child care than did two-parent households. Regionally, the most expensive child care arrangements were reported in the North Central and South.

Respondents in the income levels below $14,501 were more likely to get free child care than higher income groups. Almost one-half of all one-parent families reported using free child care, while 40% of the households using child care in the West region reported receiving free child care. Nonmetropolitan residents were more likely to report free child care than were metropolitan residents.

Just as child care enabled over two-thirds of the mothers to work, it follows that lack of adequate arrangements would prevent them from working. This was especially true for lower income and Mexican American parents, who reported more frequently than others that they would have difficulty in continuing to work if arrangements were to change.

Summary

The reality for most children is working parents: 98.5% of the fathers and 40.6% of the mothers worked for wages. Because of this 38% of the children surveyed recieved regular care by someone other than a parent. Ironically, the less the parents earned the more they paid, proportionately, for the child care that allowed them to work.

What are their
home environments?

14

While child care is a part of a growing number of children's lives, the home and family provide the children's foundation for dealing with the world at large. To provide insight into the young child's home environment, several questions were included in the survey to examine routine home activities and interactions, among them television viewing, breakfast habits, and the parents' view on discipline and parenting.

Television viewing was analyzed for the household as a unit as well as for each child. The television examination for each child focused on the youngest (or only) child, the middle (or older of two), and the oldest child (when there were more than two) under six.

In one-quarter of the households, respondents reported that the children under six did not watch television. One-third of the sample indicated that their children averaged "less than an hour" each day, almost one-third reported between one and three hours daily, and less than one-twentieth reported at least six hours daily.

The largest proportion of nonwatchers involved the youngest or only children under six: 40.5% of this group watched no television. The percentage of nonwatchers declined to 27.5% for the middle child but increased to 33.7% for the third or oldest child.

Looking at differences in TV watching by ethnic group indicated some interesting patterns (Illustration 10). Anglos, for example, were underrepresented in the group watching less than one hour as well as in the one watching more than ten hours daily. Similarly, Blacks were more represented at both ends of the scale, but Mexican Americans tended to be overrepresented only in the group watching more than ten hours.

To provide information about the breakfast habits of children, questions were included on the survey concerning whether or not a child regularly ate breakfast, where breakfast was eaten, and what was usually eaten. The youngest (or only) children of Black, Mexican American, and lower-income households were less likely to eat regular breakfasts. It is interesting to note that 24% of the respondents surveyed either did not answer the

Illustration 10.

Average Daily Television Watching; Children Under Six by Ethnic Groups

Ethnic Group	Less than one hour	One to three hours	Three to six hours	Six to ten hours	More than ten hours
Anglo	41.0%	43.6%	12.4%	2.4%	0.7%
Black	54.9	28.7	8.2	6.6	1.6
Mexican American	46.0	38.9	9.5	3.8	1.9
Other	66.7	20.0	6.7	-----	6.7
Combined Average	59.2	29.3	8.0	2.5	1.0

12

question or indicated that they did not know about the eating habits of the children. Of those who were able to describe their children's breakfast, most said that breakfast was eaten at home and consisted of cereal.

An important element in the formation of values and self-concept is the system of discipline used by parents to teach children acceptable forms of behavior or to discourage unacceptable forms. Each parent or guardian interviewed was aked to describe the discipline methods he or she would use in a variety of situations: if the child had a tantrum, hit another child, drew on the wall, talked back to the parent, ran into the street, or threw something.

Responses given to the open-ended questions were divided into six categories: verbal correction, unrelated consequence (isolation, withholding of privileges, etc.), physical punishment, logical consequence (correction or reversal of damages done; i.e., scrubbing the wall), diverting the child's attention, and ignoring the actions of the child.

Physical punishment, to whatever degree, was the most commonly used form of punishment by Texas parents surveyed (Illustration 11). If the child's behavior involved hitting another child or running into the street, more than 50% of the respondents would discipline the child with physical punishment. Verbal correction was the second most frequently used form for all unacceptable behavior except drawing on the wall.

Variations were noted, however, depending on the event involved and on the subgroups. For tantrums, Anglo parents resorted most frequently to unrelated consequences, Blacks to physical punishment, and Mexican Americans to verbal correction (Illustration 12). Lower-income respondents were most likely to respond to tantrums with verbal or diversion tactics and higher-income with physical punishment. Nonmetropolitan residents reported physical punishment for tantrums more often, and metropolitan residents responded with verbal correction.

Illustration 11.

Types of Discipline Used for Selected Behavior

	Form of Discipline					
Incident	Verbal	Unrelated Conseq.	Physical Punishment	Logical Conseq.	Diversion	Ignore
Tantrum	16.2%	14.9%	44.5%	.2%	.6%	23.5%
Fought (Hit another Child)	25.0	7.4	63.0	3.4	.4	.8
Drew on Wall	23.9	8.7	38.2	26.9	1.0	1.3
Talked Back To Parent	33.7	11.6	49.3	.5	.5	4.4
Ran Into Street	27.3	7.5	63.8	.8	.4	.2
Threw Objects	23.3	10.8	50.2	13.8	.4	1.4

Illustration 12.

Types of Discipline Used for Tantrums: Selected by Demographic Characteristics

Characteristic	Form of Discipline					
	Verbal	Unrelated Conse-quence	Physical Punish-ment	Logical Conse-quence	Diversion	Ignore
ETHNIC GROUP [1]						
Anglo	8.4%	18.9%	44.1%	0.4%	0.9%	27.3%
Black	18.5	10.8	59.2	---	---	11.5
Mexican American	30.5	8.9	38.4	---	0.5	21.7
Other	50.0	10.0	10.0	---	---	30.0
INCOME [2]						
Below $6,200	24.4	8.1	46.5	1.2	1.2	18.6
$6,201-$10,000	23.3	12.0	42.0	---	0.7	22.0
$10,001-$14,500	13.7	13.7	52.7	0.7	---	19.2
$14,501-$19,500	15.0	13.6	50.0	---	0.7	20.7
$19,501-$30,000	8.8	19.9	38.7	---	1.1	31.5
$30,001 or more	13.8	24.6	38.5	---	---	23.1

Characteristic	Form of Discipline					
	Verbal	Unrelated Conse-quence	Physical Punish-ment	Logical Conse-quence	Diversion	Ignore
LOCATION [3,4]						
Metropolitan	17.9	17.9	39.0	0.5	0.7	23.9
Non-Metropolitan	14.2	11.9	50.1	---	0.5	23.2
Panhandle	19.0	17.5	41.3	---	---	22.2
North Central	19.1	18.2	38.7	0.4	---	23.6
East	10.2	12.2	63.3	---	1.0	13.3
South	9.6	17.9	42.9	---	0.6	28.8
Central	10.3	16.1	51.7	---	2.3	19.5
Southwest	25.0	8.6	37.5	0.8	---	28.1
West	17.9	7.7	46.2	---	2.6	25.6
HOUSEHOLD SIZE [1]						
Two	9.1	9.1	45.5	4.5	---	31.8
Three	17.6	11.8	40.6	---	1.1	28.9
Four	16.6	14.8	43.2	---	0.7	24.7
Five	16.2	22.8	46.7	---	0.6	13.8
Six-Nine	15.7	9.7	49.3	---	---	25.4
Ten or more	18.2	18.2	45.3	---	---	18.2

[1] Significant at .001 level

[2] Significant at .01 level

[3] Metropolitan/Non-Metropolitan differences significant at .02 level

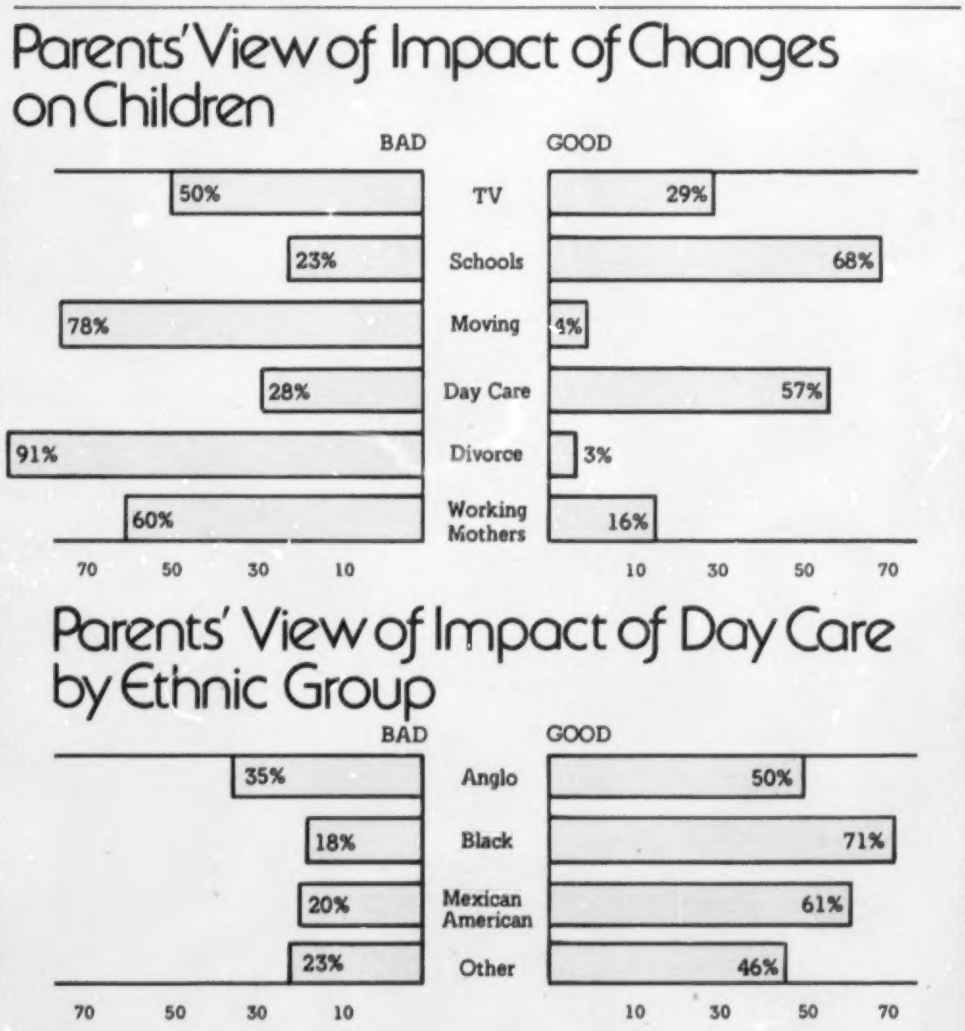
[4] Regional differences significant at .01 level.

When behavior consisted of hitting another child, Anglo and Black parents more often reported the use of physical punishment. For drawing on the wall, Anglos tended to divert the child's attention or use logical consequences, while Blacks were more likely to cite physical punishment as an appropriate response. Upper-income families were less likely to use physical forms of punishment than were lower-income groups.

To obtain information on Texas parents' views of parenting, respondents were asked to evaluate the impact of several changes in society on young children and on the art of raising them. Parents were asked about selected representative elements -- working mothers, television, schools, a family's move, day care facilities, and divorce– to determine whether these had a positive, negative, or netural impact on children (Illustration 13).

Four of these events -- divorce, moving, working mothers, and television -- were viewed as having a negative effect by the majority of the respondents. Television was criticized more frequently by Anglos

Illustration 13.



* Figures do not total 100%; parents believing changes had no effect on children account for the differences.

and upper-income respondents; it was thought to be positive by single-parent households and homes with more than one child under six. Anglos, upper-income respondents, two-parent households, and mothers with higher levels of education were more likely to regard working mothers as having a negative impact on children. All groups viewed divorce as being negative, and only larger households believed a family's move did not have a negative impact on children.

Both day care and schools were viewed as positive. Anglos were more negative about schools than other groups, as were residents of the Southwest and West regions. Blacks and Mexican Americans were more favorable in their views towards day care than were Anglos. Single-parent households also viewed day care as beneficial.

Summary

With few exceptions the children surveyed ate breakfast regularly, were not exposed to excessive television, and could expect to be physically punished if they were physically abusive to another child. Their parents were concerned about possible negative effects moving, divorce, and working mothers might have on them. Generally, however, they thought that schools and day care were positive influences.

What health care do they receive?

Because of increasing awareness of the importance of prenatal and infant care, several concerns in this area were addressed in the survey: prenatal medical care, smoking and weight changes during pregnancy, medical complications during pregnancy and delivery, breast feeding habits, immunizations, and incidence of illness in children five and under.

When asked when they first visited a physician during pregnancy, three-fifths of the responding mothers answered that they did so within the first two months. Low-income mothers and mothers who had more than one child under the age of six were more likely than others to report not seeing a physician at all. Mexican American mothers also were among those most likely to receive no prenatal care or to wait until the last month of pregnancy to contact a physician.

The mother's level of education influenced prenatal care, with the more highly educated mothers reporting earlier care (Illustration 14). Almost four-fifths of the mothers with some college or graduate work reported seeing a doctor during the first two months of pregnancy. Mothers who

Illustration 14.

Respondents' Views of Government's Role in the Welfare of the Child

Groups Responding	(% answering "yes") Should the government be concerned with the well-being of children?	Is the government doing all it can?
Anglo	94.1%	57.3%
Black	98.2	34.1
Mexican American	96.2	76.5
Two-parent households	92.8	63.2
Single parent households	97.7	58.8

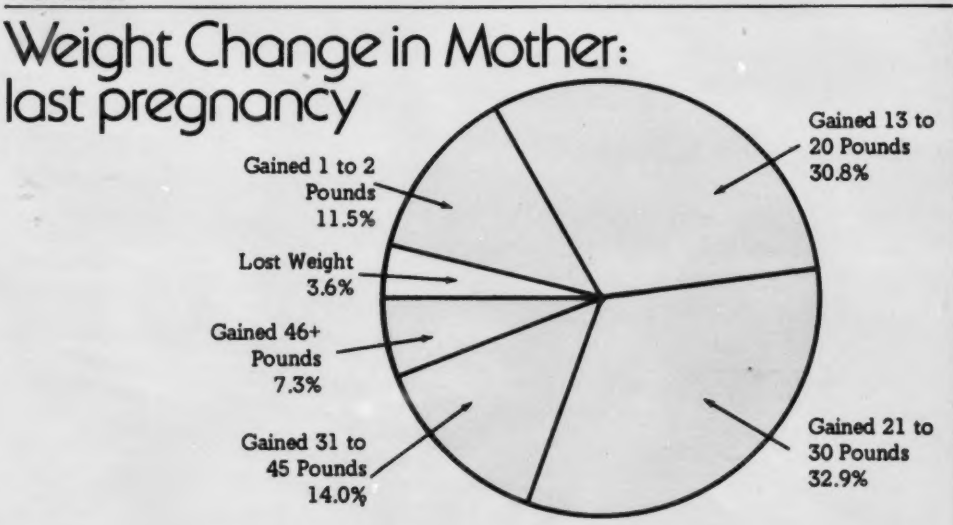
had attained an elementary school education or less were more than twice as likely as any other group to report not seeing a doctor.

Because the distribution of medical personnel in urban and rural areas is of concern to health professionals and because the inequities in distribution could affect access to health care, an analysis was made of the first visits to the doctor during pregnancy. No significant differences were identified between metropolitan and non-metropolitan areas or between regions, indicating that ease in access may not be a determining factor in lack of prenatal care.

Because of the relationship between a mother's weight changes during pregnancy and the baby's weight (and thus health), mothers were asked about the weight changes during their latest pregnancy. A little less than the majority of mothers reported gaining under 20 pounds during their pregnancies (Illustration 15). A third of the mothers reported weight gains of between 20 and 30 pounds, while less than four percent lost weight. Only one demographic factor, ethnicity, significantly influenced weight changes during pregnancy: Blacks were somewhat more likely to report a smaller weight gain than other groups. The measure of association, however, was weak.

Three-fourths of the mothers being interviewed reported that they did not smoke during pregnancy. While the lowest income group reported the largest proportion of individual smokers, those individuals who consumed the largest amount of tobacco were concentrated in the upper income group. When analyzed by ethnic group, 12.7% of Anglo mothers reported smoking at least one pack of cigarettes a day, while 2.5% of Blacks and 1.4% of Mexican Americans smoked as much. Mexican Americans were least likely to report smoking: 81.7% reported not smoking during pregnancy, while 77.2% of the Blacks and 70.5% of the Anglos said the same. When studied by education, mothers with the highest level of education were likely to smoke least during pregnancy and those with only junior high or some high school education were likely to smoke the most.

Illustration 15.


Weight Change in Mother:
last pregnancy
Gained 13 to 20 Pounds 30.8%
Gained 1 to 2 Pounds 11.5%
Lost Weight 3.6%
Gained 46+ Pounds 7.3%
Gained 31 to 45 Pounds 14.0%
Gained 21 to 30 Pounds 32.9%

The most commonly mentioned medical complication during pregnancy was high blood pressure. Few differences were identified among the demographic groups for this, although Black mothers and those in metropolitan counties were slightly overrepresented. Many other medical problems were named, but only two were experienced by more than one percent of the respondents: 3.3% mentioned "leg problems" and 1.2% reported having been anemic.

Responses to questions on complication of deliveries, like those on medical complications during pregnancy, provided inconclusive information, as they were more subjective than scientific. Induced deliveries and Caesarean sections were the most frequently mentioned variations in deliveries, and prolonged labor was one of the least. Neither income nor ethnic group significantly influenced the incidence of delivery problems. The number of children under six in the family, however, was related to problems in delivery: the greater the number of children five years of age and under, the greater the likelihood that the mother experienced some problems with the infant's position during delivery. Mothers of more children were also more likely to have had induced labor, as were mothers in metropolitan areas. There was no indication, however, of whether the induced labors were strictly for medical reasons.

In addition to questions about pregnancy and delivery, mothers were asked about breast feeding patterns. Income and education proved to be significant factors in the breast feeding of the youngest or only child under six. Upper-income mothers were slightly more likely to breast feed than were mothers in the lower-income categories, while college educated mothers were twice as likely to breast feed as mothers who did not complete high school. In a comparison by ethnic categories, Anglo mothers more often reported that they breast fed their youngest or only children under six, while Blacks were the least likely to have done so. Metropolitan area mothers reported more often than nonmetropolitan area ones that they breast fed. In comparisons of ethnic groups and areas, though, the measures of association were weak.

The age of the mother at the birth of her first child influenced the likelihood of breast feeding: the older the mother at the first birth, the more likely she was to have breast fed, especially her older children. The number of children under six in the family did not influence the likelihood of breast feeding, but the region where the household lived did: residents of the North Central and Central regions were the most likely to breast feed, and the East and Panhandle regions the least.

10 Information concerning the health status of children focused on prematurity, the incidence and treatment of illnesses, physician and/or hospital care for children, and specific areas of prevention including immunizations and physical, vision, dental, and hearing screening.

The average birth weight reported in the survey was 7 pounds, 3 ounces. Analysis of birth weight factors identified the mother's weight change during pregnancy as a significant factor: mothers who lost weight or who gained less than 12 pounds were more likely to have had infants weighing less than five pounds at birth. Blacks were

three times more likely than Anglos to give birth to infants who weighed less than five pounds. Further, mothers who smoked from one to two packs of cigarettes a day were more than two times more likely than nonsmoking mothers to give birth to infants weighing less than five pounds. In none of the categories, however, did more than six percent of the infants weigh less than five pounds at birth.

The survey attempted to measure the incidence and duration of illnesses in young Texas children and to analyze the types of treatment provided. For youngest or only children under six in a household, almost 50% were reported as having been ill within 90 days prior to the survey, and 10% within the two weeks prior to the survey. Over 25% were reported as having never been ill.

Demographic analysis identified several variables which affected the incidence of illness in families (Illustration 18). Better educated mothers seemed more likely to describe a recent illness. Of the mothers with the lowest levels of education, more than two-fifths reported that their youngest or only children under six had never been ill, while only 11% of the mothers with graduate level educations reported no illnesses. The influence of the father's level of education was consistent with this pattern: in families where the father reported some graduate study, more than four times more children were described as having been ill as were those whose fathers reported an elementary education level. This finding may indicate that better educated parents may be more sensitized to possible problems and define these symptoms as illnesses more readily than less educated parents.

The mother's age at the birth of the first child also influenced reports of illness for the youngest child. Women who became mothers at over 30 or under 14 were more likely to indicate no illnesses in their children.

Nonmetropolitan respondents reported that their children had never been sick or had not been sick recently slightly more often than did metropolitan residents. Panhandle residents were more likely to report no illnesses, followed by Southwest residents. North Central residents were more likely to describe illnesses within the previous 14 days. Blacks and Mexican Americans were more than twice as likely to indicate no illnesses in their children than were Anglos, while single-parent households were almost twice as likely to describe illnesses than were two-parent households.

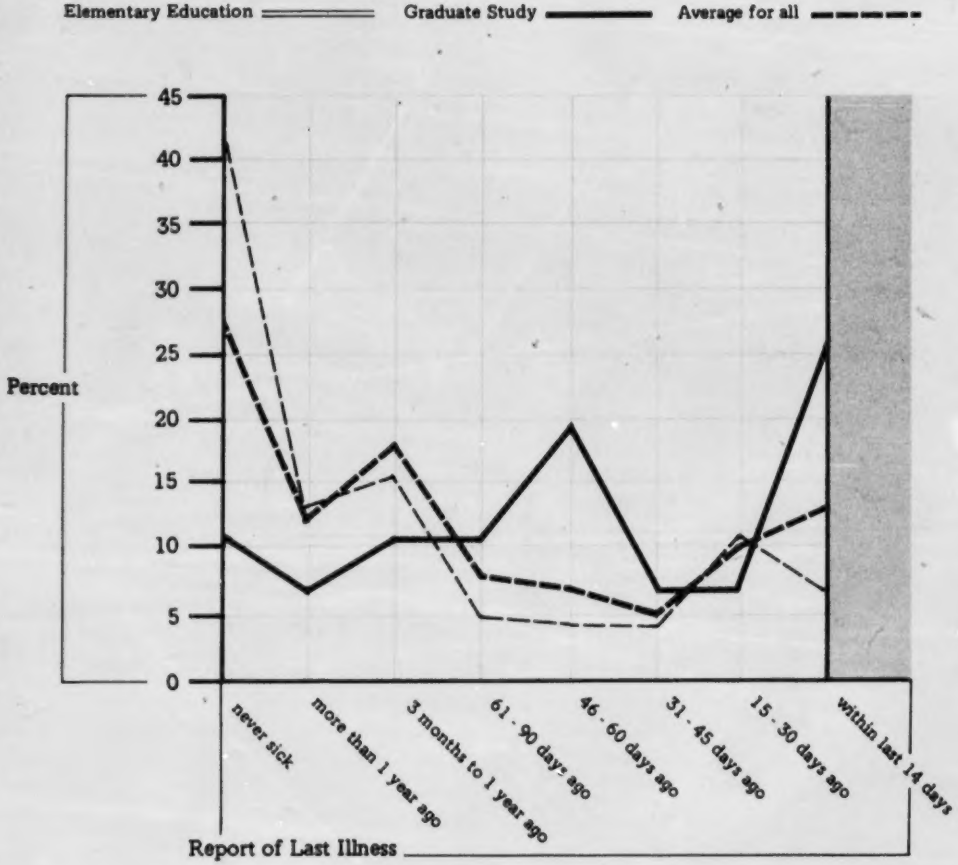
More than 50% of the children in the sample reportedly visited a doctor regularly whether ill or not. For the youngest or only child under six, the reason given most frequently for the last visit was illness, but for the oldest child under six it was for a check-up.

A substantial number of children had stayed overnight in a hospital other than at the time of birth. Almost 20% of the youngest or only children under six had been hospitalized, and more than 25% of these had been admitted more than once. Respiratory infections were most frequently named as the reason for hospitalization. Having insurance did not influence the frequency of admission, but those households without insurance tended to have had longer stays.

Approximately 10% of the respondents reported that their youngest or only children under six were taking medication. The most

Illustration 16.

Incidence of Illness in Youngest Child by Education of Mother



often stated reasons were for allergies and for infected tonsils. Other reasons given with some degree of frequency were colds, infections, asthma, skin problems, and coughing.

The value of other types of preventive health care may be less obvious and occupy a lower priority for parents than treatment of an acute but temporary problem. Questions regarding three specific areas -- vision, dental, and hearing -- were asked in regard to children between the ages of three and six. Less than one-third of the children had been tested for vision problems, approximately one-third had visited a dentist, and just under a third had been tested for hearing difficulties. Since these preventive measures are less likely to be covered by insurance, they may be ignored or inaccessible because of expense. Yet, it is precisely these less obvious areas in which impairment can have a serious impact on both social and cognitive performance in early years.

When questioned on immunizations, response indicated that more children had been vaccinated against polio and DPT than against rubella and red measles. For the youngest

or only children under six, over 73% had received polio and DPT vaccinations, though only 64% had received immunizations against rubella and 56% against red measles. For the oldest children under six (in families with three or more children under six), there was increased likelihood of vaccinations: 91.8% had been immunizated against polio and against DPT; 83% against rubella, and almost 69% against red measles.

Five demographic variables were studied to determine their influence on regular preventive health maintenance practices. The one that affected regular medical visits, especially for youngest or only children, was the mother's level of education. Higher levels of education were positively related to regular visits to the doctor. Similar patterns were observed for vision tests, vaccinations, and dental care. Mothers who were younger when they first gave birth were less likely to report regular visits to the doctor for the two younger children or to report dental visits for the oldest children under six years of age.

Income also had a substantial influence on health care. For regular medical visits, dental visits, and vaccinations, upper-income respondents were more likely to respond affirmatively. The relationship of income to the provision of hearing tests was not as clear, with both lower- and upper-income groups more likely to provide hearing tests than the middle-income groups. Anglos were more likely to provide regular visits to the doctor, vaccinations, and dental care for their youngest or only children, but Blacks were most likley to have immunized their oldest children under six.

Metropolitan location also influenced regular medical care. Regular medical visits, vision tests, and hearing tests were more often reported by metropolitan residents for the youngest or only children. Nonmetropolitan families, however, were more likely to report complete vaccinations for their youngsters.

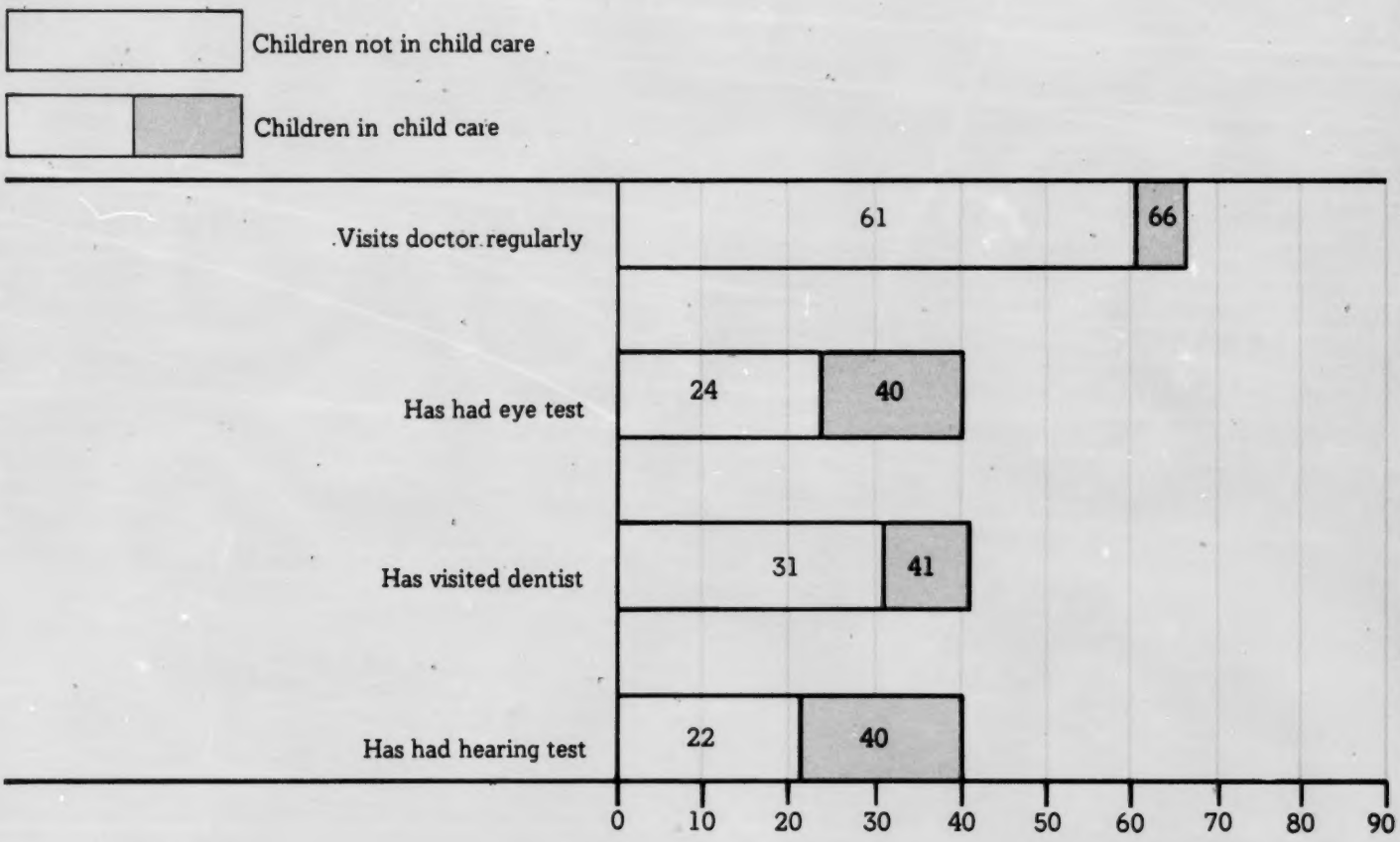
Utilization of child care arrangements positively influenced testing of vision for youngest or only children and the provision of dental care for all children. Hearing tests were more likely to have been provided for the youngest child if she or he was enrolled in a child care arrangement (Illustration 19). A similar pattern existed for the youngest or only child in the provision of vaccinations.

Summary

The reality is that the higher a household's income and the greater the level of education of the parents, the more likely a child is to have received medical care -- from the prenatal period through early childhood.

Illustration 17.

Health Care for Children Under Six by Use of Child Care



Can government help?
How?

The data examined thus far could provide insight into possible government roles in enhancing the quality of life for children and their parents. But, in Texas as in other states, there is considerable debate on the role the state should serve in assisting parents with the care of their children. Some argue for a strong role for state agencies in ensuring that children receive an adequate level of care. Others feel that the state should provide limited assistance unless evidence of neglect and/or abuse is present. To provide Texans with information describing the attitudes of families with children under six towards the state's role in child care, several different questions were included in the survey instrument. First, respondents were asked if the government should be concerned with the well-being of children. Second, they were asked if the government is "doing all it can" (Illustration 14).

An overwhelming majority, 95.1%, agreed that the government should be concerned with the well-being of children. Anglos were slightly less supportive of government concern than were other ethnic groups: 94.1% answered affirmatively to the question.

The responses were less uniform when the question was whether the government is doing all it could in this area: 60.7% felt that the government was meeting its full obligation in its concern for children's well-being. There were only three significant differences in responses to this question. Mexican Americans were far more likely to consider the government as doing all it could than either Anglos or Blacks. Almost 40% of the entire sample, but only 23.5% of the Mexican Americans, viewed the government as falling short. This compares to negative response rates of 54.9% for Blacks and 42.7% for Anglos. Given the geographic distribution of Blacks and Mexican Americans, it is not surprising to find the two other examples of significant different findings involved location of the respondents: the metropolitan area respondents and those in regions with large concentrations of residents in metropolitan areas were more dissatisfied than others with the efforts of the government.

With so many respondents acknowledging the need for the government to improve its role in the welfare of young children and their families, the respondents were asked to identify ways in which the government could improve that welfare. More than 70% had listed one or more suggestions (Illustration 15).

Health care was their main concern. Almost one-quarter of those who thought that the government should improve its role listed health care as the number one priority. The second largest area was financial assistance, which included such diverse items as increased welfare payments and tax deductions for children. The range of response was so wide that 15.8% could be grouped only in the "other" category, as no single response was given by more than five people. Improved education and child protection each received mention from at least 10%, and day care was listed as the government's first priority by almost 10%.

Summary

Almost all respondents believed the government should be concerned with the well-being of young children, and more than half believed the government was meeting its obligations in this area.

Almost one-third thought the government could improve the well-being of children and their families in the areas of health care or financial assistance.

Highlights

These are the highlights of the analysis of the 1979 household survey. No attempt has been made to draw conclusions based on these findings. Rather, we offer this information to those of you who work with children, who live with them, and who are concerned about them to develop those conclusions.

Realities of Texas Families: Where Children Fit is a summary of a 200-page report prepared by the University of Texas at Arlington's Institute of Urban Studies. Additional questions and results are included in that report; many more are within the data awaiting further study. Staff can handle requests about information in that report. To facilitate further examination, the collected data are on computer tape containing the raw data, a narrative description of the data set, and a complete SPSS (Statistical Package for the Social Sciences) program file. Available to the public, the tape can be purchased through the Children and Youth Services Division of the Texas Department of Community Affairs at the actual cost of the tape and the duplication. For more information on obtaining a copy, contact:

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Austin, Texas 78711

Telephone:
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(512) 475-5833

Notes

1 In the spring of 1976, 12% of the U.S. population was Black and 5% was Hispanic. In Texas at that time, the population was 12% Black and 18% Hispanic. (U.S. Bureau of the Census, *Current Population Reports*, Series P-20, No. 334, "Demographic, Social, and Economic Profile of the States: Spring 1976," U.S. Government Printing Office, Washington, D.C., 1979, p. 1)

2 In 1978, 23% of all families in the U.S. included at least one child under the age of six. At that time, such families had an average of 1.1 children under six. In 1968 those families had an average of 1.55 children under six. (U.S. Bureau of the Census, *Current Population Reports*, Series P-20, No. 340, "Household and Family Characteristics: March 1978," U.S. Government Printing Office, Washington, D.C., 1979, p. 3)

3 The average size of a family in the U.S. in 1976 was 3.4 persons, with 2.06 children under 18 years of age in families with children (P-20, No. 334, p. 2). Hispanic families were the largest in the U.S.: only 19% of all families, but 31% of the Hispanic families, had five persons or more (U.S. Bureau of the Census, *Current Population Reports*, Series P-20, No. 336, "Population Profile of the United States, 1978," U.S. Government Printing Office, Washington, D.C., 1979, p. 55)

4 In 1977, the median income of white families was $26,740; Blacks' income averaged $9,560 (57.1% of that of whites), while that of Hispanics averaged $11,420 (68.2% of whites) (P-20, No. 336, p. 46)

5 In the United States in 1976, 84% of all primary families were husband-wife, 3% were male-headed with no wife, and 13% were female-headed with no husbands. Eleven percent of all white families and 36% of all Black families were female-headed (U.S. Bureau of the Census, *Current Population Reports*, Series P-20, No. 307, "Population Profile of the United States: 1976," U.S. Government Printing Office, Washington, D.C., 1977, p. 10) In 1976, 85% of all white children lived with two parents, compared to 75% of all Hispanic children and 50% of all Black children. (U.S. Bureau of the Census, *Current Population Reports*, Series P-23, No. 66, "Characteristics of American Children and Youth: 1976," U.S. Government Printing Office, Washington, D.C., 1978, p. 24)

6 In 1977, 31% of female-headed households had a median income of $5,000 or less, compared to 6% of the two-parent households in that category. At the other end of the income scale, 26% of the two-parent households had incomes of over $25,000 but only 4% of the female-headed households had such incomes. (P-20, No. 336, p. 46)

7 Between 1940 and 1976 the participation rate of mothers in the labor force increased more than fivefold, reflecting the most significant change in the labor force in this country. In 1940, 28% of all women worked, which was over three time the rate (9%) of all mothers. However, by 1976 the situation had changed dramatically:

Year	Mothers	All Women
1976	48.8%	46.8%
1966	35.8	38.9
1956	27.5	35.9
1946	18.2	31.2
1940	8.6	28.2

(U.S. Department of Labor, Women's Bureau. *Working Mothers and Their Children*. Washington, D.C.: U.S. Government Printing Office, 1977, p. 4)

8 In 1975, 61.2% of mothers in the U.S. with children between the ages of three and five worked full time during at least part of the year; 38.7% worked part time. Of the mothers with children under the age of three, 66.2% worked full time while 33.7% worked part time. (*Working Mothers*, p. 7)

9 On the national level, 11% of preschool-age children are cared for by a relative outside the home, 15% by a nonrelative outside the home. Organized day care centers provide care for only four percent of children between three and six years of age whose mothers work. Mothers are about as likely to have a nonrelative come into the home to provide day care as to take the child to a day care center. (U.S. Bureau of the Census, Current Population Reports, Series P-20, No. 298, "Daytime Care of Children: October 1974 and February 1975," U.S. Government Printing Office, Washington, D.C., 1976, pp. 2-3)

10 In 1973, 25% of new babies were breast fed; in 1975, it was 35%. Breast feeding was more common among white women than black: 33% of the babies born to white women in 1973-1975 were breast fed, compared with only 15% of the babies born to black women. Also, breast feeding was more common among women with more years of education: 48% of babies born in 1973-1975 with more than 12 years of education were breast fed, compared with 24% of the babies born to women with 12 years of education or less. (U.S. Department of Health, Education, and Welfare. Office of Health Research, Statistics, and Technology. *Advance data*, 59. U.S. Government Printing Office, Washington, D.C., March 28, 1980, p. 1)

11 In 1976, 62% of children ages one to four were immunized against polio, compared with 70% in 1966. Also in 1976, 71% had adequate immunization against diphtheria-tetanus-pertussis (DTP), and 66% had measles immunization. (P-23, No. 66, p. 34)

12 Children ages two to five average 32 hours per week of television. (Summary of the report to the President by the Committee on the International Year of the Child, n.d.)

Questionnaire

We would appreciate your comments and suggestions on Realities of Texas Families: Where Children Fit. Please answer any or all of these questions and return this page to:

Information Systems Analyst
Children and Youth Services Division
Texas Department of Community Affairs
P.O. Box 13166, Capitol Station
Austin, Texas 78711

1. Did you find any part(s) of this publication lacking in clarity? Which parts?

2. What questions or points of interest would you have liked to have seen covered that were not?

3. What points would you like to see covered in more depth, perhaps in another short publication?

4. How are you using this information?

5. Do you have any general comments or suggestions?

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